

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

Annual Report
FILED

08 NOV 10 AM 11:03

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000103198

1. Corporation Name

Corinis Beauty Shop Inc
6220 Johnson St
Hollywood FL 33024

2. Principal Office Address - No P.O. Box #

6220 Johnson St

3. Mailing Office Address

6220 Johnson St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood FL 33024

City & State

Hollywood FL

Zip

FL

Country

US

Zip

FL 33024 US

4. Date Incorporated or Qualified
To Do Business in Florida

09-24-2002

5. FEI Number

54-2075208

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corina Valerio

Street Address (P.O. Box Number is Not Acceptable)

6220 Johnson St

Suite, Apt. #, Etc.

Hollywood FL 33024

City

State

FL

Zip Code

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Corina Valerio

Date

10-31-08

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>P</u>	<u>Corina Valerio</u>	<u>6220 Johnson St</u>	<u>Hollywood FL 33024</u>

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11/10/08--01062--008 **150.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Corina Valerio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-31-2008

Daytime Phone #